

188462

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2007 - 350 . T

(Please type or print)

Submitted by: EDDIE ISHAM

Telephone: 803-584-1333

Address: 567 PATTERSON STREET
ALLENDALE, SC

Fax: 803-584-7001

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief Demanded in Petition☒ Urgent Request for Item to Be Placed on Commission's Agenda☐ Other:

NATURE OF ACTION (Check all that apply)

☐ Affidavit☐ Letter☐ Report☐ Agreement☐ Memorandum☐ Request☐ Answer☐ Motion☐ Request for Investigation☒ Application☐ Objection☐ Reservation Letter☐ Brief☐ Petition☐ Response☐ Certificate☐ Petition for Reconsideration☐ Response to Discovery☐ Comments☐ Petition for Rulemaking☐ Return to Petition☐ Complaint☐ Petition for Rule to Show Cause☐ Stipulation☐ Consent Order☐ Petition to Intervene☐ Subpoena☐ Discovery☐ Petition to Intervene Out of Time☐ Other:☐ Exhibit☐ Proposed Order☐ Expedited Consideration☐ Protest☐ Late-Filed☐ Publisher's Affidavit

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SEP 25 2007

SEP 21 2007

PSC SC
MAIL / DMSPSC SC
DOCKETING DEPT.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCYDATE 9-21, 2007

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

EDDIE ISHAM DBA ALON JAY TRANSPORTATION

2. (a) Street Address of Applicant 567 PATTERSON STREET

ALLENDALE, SC 29810

(b) Mailing address, if different from street address _____

(c) Telephone Number 803-584-1333 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

EDDIE ISHAM 467 ROBIN ST. ALLENDALE, SC 29810

BLONDELL ISHAM 467 ROBIN ST. ALLENDALE, SC 29810

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

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7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: May Year: 2007

Assets:	
Cash	65,000.00
Receivables	0.00
Real Estate	70,000.00
Buildings and Equipment-Net	100,000.00
Motor Vehicles-Net	70,000.00
Garage Equipment-Net	0.00
Machinery and Tools-Net	0.00
Supplies on Hand	1,000.00
Prepays and Other Assets	0.00
Total Assets	306,000.00
Liabilities and Equity:	
Accounts Payable	0.00
Notes Payable	0.00
Mortgages Payable	0.00
Equipment Obligations	0.00
Accrued Salaries and Wages	0.00
Other Accrued Obligations	0.00
Other Liabilities	0.00
Total Liabilities	0.00
Capital Stock	
Retained Earnings	
Total Equity	306,000.00
Total Liabilities and Equity	306,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.2 S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Eddie D. Isham, owner
(Name of Applicant's Representative) (Title)

of Alon-Jay Adult Daycare, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Estill S.C.

This the 23 day of May 2007

David L. Smith
(Notary Public)

Eddie D. Isham
(Signature of Applicant's Representative)

Commission Expires: 6/14/2015

EXHIBIT C

CLASS C

TAXI

CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant EDDIE T. SHAM

For the transportation of passengers as follows:

Area to be served: Allendale, Barwell, Bamberg, Hampton
CountiesNumber of passengers: 11Fares: \$5.00 a mile maximum

Date

9-20-07Eddie Sham

By

PRESIDENT

Title

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Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES (hereinafter called Commission) of PO BOX 1498, BLYTHEWOOD, SC 29216

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to EDDIE ISHAM, DBA: ALON JAY TRANSPORTATION of 567 PATTERSON STR, ALLENDALE, SC 29810 a policy or policies of insurance effective from 08/10/2007 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

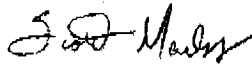
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 10th day of August, 2007

Insurance Company File No. CA 05746477
(Policy Number)

MC1633a(08/99)



(Authorized Company Representative)

IRB35398

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ORS
T.T.W./W/W

To Janice Schmieding

EXHIBIT FWAName: EDDIE ISHAM DBA ALON JAY TRANSPORTATIONAddress: 567 PATTERSON STREET ALLENDALE, SCTelephone No. 803-584-1333 Fax No. 803-584-7001

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At AlendaleThis 21 day of Sept. 2007Grace B. Abel
(Notary Public)Commission Expires: 1-11-2017

APPLICANT'S OATH

I, EDDIE ISHAM, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)



(Applicant's Signature)

At Sworn to before me
Allendale

This 21 day of Septem, 2007

Grace B. Abel

(Notary Public)

Commission Expires: 1-11-2017